

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6871

1. PLACE OF DEATH

County Jasper
Township Wells City
City Wells City (No. Jasper)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

Mrs Eva Danhabl
(a) Residence, No. Stones Corner St., _____ Ward. Rural
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed - no data</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10 - 1862</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>10</u>
		DAYS
		<u>13</u>
		If LESS than 1 day,hra. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME No data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

15. MAIDEN NAME No data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT J. A. Danhabl (ADDRESS) Wells City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cemetery DATE Feb. 25 1937

19. UNDERTAKER Hedge - Nelson Funeral Home (ADDRESS) Wells City Mo.

20. FILED Feb 25, 1937 D. H. Schmitt, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 22, 1937, to 23, 1937

I last saw him alive on 22, 1937 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset _____

Other contributory causes of importance: 1010
flu & emphysema

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) B. A. Fumhault M. D.

(Address) Wells City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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